

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

September 7, 2023

[REDACTED], ADMINISTRATOR  
CAMBRIDGE VILLAGE ASSOCIATES  
1600 DARLINGTON ROAD  
BEAVER FALLS, PA, 15010

RE: CAMBRIDGE VILLAGE PERSONAL  
CARE HOME  
1600 DARLINGTON ROAD  
BEAVER FALLS, PA, 15010  
LICENSE/COC#: 40162

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CAMBRIDGE VILLAGE PERSONAL CARE HOME      **Licen e #:** 40162      **Licen e Expiration:** 01/03/2024  
**Address:** 1600 DARLINGTON ROAD, BEAVER FALLS, PA 15010  
**County:** BEAVER      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** CAMBRIDGE VILLAGE ASSOCIATES  
**Address:** 1600 DARLINGTON ROAD, BEAVER FALLS, PA, 15010  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/09/1998      **Issued By:** L & I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 65      **Waking Staff:** 49

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint      **Exit Conference Date:** 04/20/2023

**Inspection Dates and Department Representative**

04/20/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**Licen e Capacity:** 100      **Re ident Served:** 47

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Warwick      **Capacity:** 24      **Re ident Served:** 14

**Hospice**

**Current Re ident :** 11

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 47  
**Diagnosed with Mental Illness:** 27      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 18      **Have Physical Disability:** 0

**Inspections / Reviews**

04/20/2023 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/20/2023

Inspections / Reviews (*continued*)

## 05/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/01/2023

## 05/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/14/2023

## 09/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/09/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 60a - Staff/Support Plan

**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

**Description of Violation**

*On 3/27/23 from 11:00 p.m. to 7:00 a.m. 48 residents were present in the home, of which 19 residents required either 1- or 2-person assistance to evacuate in the event of an emergency, 14 residents resided in the secure dementia care unit requiring 24-hour supervision, and 15 residents used wheelchairs or Broda chairs requiring staff assistance to transfer. However, only 3 staff were present in the home. Multiple staff interviews indicate staff would not be able to evacuate residents timely in the event of an emergency.*

*On 3/31/23 from 11:00 p.m. to 7:00 a.m. 48 residents were present in the home, of which 19 residents required either 1- or 2-person assistance to evacuate in the event of an emergency, 14 residents resided in the secure dementia care unit requiring 24-hour supervision, and 15 residents used wheelchairs or Broda chairs requiring staff assistance to transfer. However, only 3 staff were present in the home. Multiple staff interviews indicate staff would not be able to evacuate residents timely in the event of an emergency.*

*On 4/4/23 from 11:00 p.m. to 7:00 a.m. 50 residents were present in the home, of which 19 residents required either 1- or 2-person assistance to evacuate in the event of an emergency, 14 residents resided in the secure dementia care unit requiring 24-hour supervision, and 15 residents used wheelchairs or Broda chairs requiring staff assistance to transfer. However, only 3 staff were present in the home. Multiple staff interviews indicate staff would not be able to evacuate residents timely in the event of an emergency.*

*On 4/11/23 from 11:00 p.m. to 7:00 a.m. 40 residents were present in the home, of which 19 residents required either 1- or 2-person assistance to evacuate in the event of an emergency, 14 residents resided in the secure dementia care unit requiring 24-hour supervision, and 15 residents used wheelchairs or Broda chairs requiring staff assistance to transfer. However, only 3 staff were present in the home. Multiple staff interviews indicate staff would not be able to evacuate residents timely in the event of an emergency.*

**Plan of Correction**

Accept ( [REDACTED] - 05/30/2023)

2600.60a

A meeting of management staff held on 5/18/2023 by Administrator

The agenda:

- Review residents and mobility
- Review amount of assistance
- List of people in wheelchairs
- Plan to review residents mobility every 30 days
- Review agency contracts

- o Favorite

- o Liken

- o All American

60a - Staff/Support Plan (continued)

o Coordinated Staffing

- Obtain contract with Dedicated Nursing to aid and increase 11 to 7 staffing on 5/25/23
- Review scheduled staff each day for appropriate staffing levels by Administrator
- 30 Day notices issued to 4 residents that require full 2-person assistance for transferring and evacuation on 5/26/2023

QA of staffing levels weekly X2 6/1/23, monthly X2 6/7/23, 7/8/23, 8/8/23, then quarterly by Administrator.

QA of residents level of assist and mobility monthly X2 5/26/23 & 6/26/26 and quarterly by Administrator.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented (████) 09/07/2023)

132g - Fire Drills Days/Times

2. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home regularly schedules 3 staff for the 11:00 PM - 7:00 AM shift. However, the home's fire drill records indicate 6 staff were present during the fire drill conducted on 4/19/23 at 5:45 a.m.

Plan of Correction

Accept (████) - 05/30/2023)

2600.132G

Facility would have staff start at 5:00AM to facilitate residents getting up and dressed, also helping 11p to 7a shift. The dietary cook begins at 6:00am. When fire alarm goes off, all staff, including dietary helps with evacuation. Will be sure staff starting at 5:00am will be marked on schedule by Administrator.

QA schedule for accuracy of staff starting time weekly X2 6/1/23 & 6/8/23, monthly X2 7/8/23 & 8/8/23, then quarterly by the Administrator.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented (████) - 09/07/2023)